1.	Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.									
NOTE:	Response to Final Rejection—Avoiding Extension Fees "In patent applications wherein a three month Shortened Statutory Period (SSP) is set for response to a Final Rejection, the response would best be filed within two months of the date of the Office Action, If filed within two months, any Advisory Action mailed after the SSP expires will reset the SSP to expire on the date of the Advisory Action for extension fee purposes, but never more than six months from the date of the Final Rejection." Notice of Nov. 30, 1990 (1122 O.G. 571 to 591).									
					ATUS					
2.	-	•	is qualifie	d as						
	□ a small entity.									
	\boxtimes	other than a small entity.								
				EXTENSIO	N OF TER	M				
NOTE:	As to a Supplemental Amendment filed in response to a final office action, the Notice of December 10, 1985 (106 O.G. 34-35) states:							cember 10, 1985 (1061		
		"If a timely response has been filed after a Final Office Action, an extension of time is required to perm filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed-the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run."							ndment after expiration cation in condition for	
3.	(complete (a) or (b), as applicable)									
	(a)	⊠		petitions for an C.F.R. 1.17(a)(1)					R. 1.136 ths checked below:	
		Extens (month			ee for other mall entity	than			ee for nall entity	
		one mo	onth	\$	110.00			\$	55.00	
	\boxtimes	two mo	onths	\$	420.00			\$	210.00	
		three m	nonths	\$	950.00			\$	475.00	
		four m	onths	\$	1,480.00			\$	740.00	
					Fee:	\$_	420			
If addit	ional ex	tension	of time is re	equired, please	consider this	a peti	tion therefo	or.		
			(check a	and complete the	e next item, į	if appli	icable)			
	An extension for months has already been secured and the fee paid there \$ is deducted from the total fee due for the total months of extension requested.									
			Extension	fee due with th	is request	\$_	<u>-</u>	_		
				(OR					
	(b)		tional peti	tion is being m	ade to provi	de for	the possib	ility	owever, this condi- that applicant has extension of time.	

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(C-1.1)		(Cal. 2) (Cal. 2)		CMALI	DAITITY	OTHER THAN A			
(Col.1) Claims			(Col. 2) ((Col. 3)	SMALL ENTITY		SMALL ENTITY			
	Rema		g	Highest No.						
After		Previously	Present		Addit.			Addit.		
	Amen	dme	nt	Paid For	Extra	Rate	Fee	OR	Rate	Fee
Total	*		Minus	**	=	x \$ 9 =	\$, ., .	x \$18 =	\$
Indep.	*		Minus	***	=	x \$43 =	\$		x \$86 =	\$
☐ First	Present	atior	of Multi	ple Dependent	t Claim	+ \$145 =	: \$		+ \$290 =	\$
						Total		OR	Total	
						Addit. Fee	\$		Addit. Fee	\$
** If t *** If t Th	the "Highe the "Highe e "Highes	est No est No t No.	o. Previousl o. Previousl Previously	an the entry in Co y Paid For" IN Th y Paid For" IN Th Paid For" (Total o umber of claims o	HIS SPACE i HIS SPACE i or Indep.) is t	s less than 20, e s less than 3, en he highest num	ter "3".	the app	oropriate box in (Col. 1
** If t *** If t Th	the "Highe the "Highe e "Highes a prior am	est No est No t No. endm	o. Previousl o. Previousl Previously	y Paid For" IN Th y Paid For" IN Th Paid For" (Total o umber of claims o	HIS SPACE i HIS SPACE i or Indep.) is t	s less than 20, e s less than 3, en he highest num	ter "3".	the app	propriate box in (Col. 1
** If t *** If t Th of:	the "Highe the "Highe e "Highes a prior am	est No est No t No. endm	o. Previously o. Previously Previously nent or the r	y Paid For" IN Thy Paid For" IN The Paid For" (Total oumber of claims of 1.116.	HIS SPACE i HIS SPACE i or Indep.) is t originally file	s less than 20, e s less than 3, en he highest num	ter "3". ber found in	the app	propriate box in (Col. 1
** If t *** If t Th of:	the "Highe the "Highe e "Highes a prior am	est No est No t No. endm	o. Previously previously tent or the r. 37 C.F.R. §	y Paid For" IN Thy Paid For" IN The Paid For" (Total oumber of claims of 1.116.	HIS SPACE it HIS SPACE it or Indep.) is to originally file (c) or (d),	s less than 20, es less than 3, en he highest num d.	ter "3". ber found in	the app	propriate box in (Col. 1

FEE PAYMENT

Total additional fee required is \$ _____.

5.	\boxtimes	Attached is a check in the sum of \$ 420						
		Charge Account No the sum of \$						
		A duplicate of this transmittal is attached.						

(d)

FEE DEFICIENCY

NOTE: Where there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the case. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. If any additional extension and/or fee is required, charge Account No. 12-0425

AND/OR

If any additional fee for claims is required, charge Account No. 12-0425

Reg. No.:

30,086

Tel. No.: (212) 708-1890

Customer No.: 00140

SIGNATURE OF PRACTITIONER

CLÍFFORD J. MASS

(type or print name of practitioner)

P.O. Address

c/o Ladas & Parry 26 West 61st Street New York, N.Y. 10023